

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET 10
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT'S

1528720

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2							52						
3							53						
4			/				54						
5							55						
6							56						
7			/				57						
8							58						
9			/				59						
10			/				60						
11			/				61						
12			/				62						
13			/				63						
14			/				64						
15			/				65						
16			/				66						
17			/				67						
18			/				68						
19			/				69						
20			/				70						
21			/				71						
22			/				72						
23			/				73						
24			/				74						
25			/				75						
26			/				76						
27			/				77						
28			/				78						
29			/				79						
30			/				80						
31			/				81						
32			/				82						
33			/				83						
34			/				84						
35			/				85						
36			/				86						
37			/				87						
38			/				88						
39			/				89						
40			/				90						
41			/				91						
42			/				92						
43			/				93						
44			/				94						
45			/				95						
46			/				96						
47			/				97						
48			/				98						
49			/				99						
50			/				100						
TOTAL IND.			18		13								
TOTAL DEP.				13									
TOTAL CLAIMS			3										

BEST AVAILABLE COPY